FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVE

2012 JUL 30 AM 8: 40

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				JOnica diselonia :- Yi
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	WIL OF HEL
Arkansas Rice Produc	ers' Group, Inc. Polit	ical Action Committee	- "Arkanş	aş Riçe PAC"
L				
ADDRESS (number and street)	P.O., Box 23915	<u> </u>		
(Check if address is changed)		<u> </u>	1 1 1 1 1 1	<u> </u>
	Little Rock		AR I	72221, , - , , ,
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e	-mail address)		
	chad@noblestrat.d			
(Check if address is changed)				
COMMITTEE'S WEB PAGE ADD	DRESS (URL)	The second of th	e en	and the second s
(Check if address is changed)	بندندند		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	
		<u> </u>	<u> </u>	
	2012 JMBER C NEW (N) OR	AMENDED (A)	n kan makaca da kaca d Kaca da kaca d	n geralanga
I certify that I have examined th	is Statement and to the best	t of my knowledge and belief i	t is true, correct	and complete.
Type or Print Name of Treasure	Jennifer James			
Signature of Treasurer	Alnniger C	Jemes	Date 07	19 2012
NOTE: Submission of false, errone	•	may subject the person signing ON SHOULD BE REPORTED V		the penalties of 2 U.S.C. §437g.
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FEC Form 1 (Revise	d 02/2009)	Page 3				
Write or Type Committee Na	me					
Arkansas Rice Prode	ucers' Group, Inc. Political Action Committee "Arkans	sas Rice PAC"				
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor						
Arkansas Rice Produ	ucers; Group, Inc.					
Mailing Address	P.O. Box 23915	<u> </u>				
	Little Rock	<u> </u>				
	CITY STATE	ZIP CODE				
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor				
Tiolation is in property of the control of the cont		Estadolollip i Ao opolisoi				
Custodian of Records: lo	dentify by name, address (phone number optional) and position of the person	n in possession of committee				
Full Name Ben, N	loble					
Full Name	P.O. 23915	<u> </u>				
Mailing Address		<u> </u>				
	Little Rock AR 7	[2221] - []				
Title or Position	CITY STATE	ZIP CODE				
	Telephone number 501]_ <u> 37</u> 5,				
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the treasurer of the committee; and , assistant treasurer).	the name and address of				
Full Name of Treasurer Jennit	er James					
Mailing Address	P.O., Box 23915					
	Little Rock	 2221, , - , , ,				
	CITY STATE	ZIP CODE				
Title or Position		-				

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PREPARER (3/2005)	DATE PREPARED				